

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/673795**

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	3			
4	3			
5	/			
6	6			
7	6			
8	6			
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39	6			
40	6			
41	6			
42	/			
43	/			
44	/			
45	/			
46	/			
47				
48				
49				
50				
TOTAL IND.	3	↓	↓	↓
TOTAL DEP.	43	←	←	←
TOTAL CLAIMS	46			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.		↓						
TOTAL DEP.		←						
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS